TATEIN AFFEIGATION FEE DETENBINATION RECORT	<b>PATENT</b>	<b>APPLICATION</b>	FEE	<b>DETERMINATION</b>	RECORD
---	---------------	--------------------	-----	----------------------	--------

Effective October 1, 2000

17-1	-1052
0/0/	1100

**Application or Docket Number** 

				· · · · · ·					<u> </u>	-//	<u>///                                  </u>	
	-	CLAIMS AS	S FILED - (Column			ımn 2)		SMALL EI	NTITY	OR	OTHER SMALL	
TOTAL CLAIMS		35					RATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUME	BER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS 35 mir			nus 20=	• /	5		X\$ 9=		OR	X\$18=	270	
INDEPENDENT CLAIMS 8 minus 3 = 5						X40=		OR	X80=			
MULTIPLE DEPENDENT CLAIM PRESENT								1		400		
* If the difference in column 1 is less than your enter #0" in release 0						+135=		OR	+270=			
"	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	1,380
CLAIMS AS AMENDED - PART II						CAAALL	FAITITY	00	OTHER SMALL			
		(Column 1) CLAIMS		(Colui		(Column 3)		SMALL		OR	SWALL	,
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON.	Total		Minus			= .		X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus	<u> </u>	F (C) A (A)	=		X40=		OR	X80=	
	FINOT PRESE	ENTATION OF MI	JETIPLE DE	PENDEN	CLAIM			+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	,	ADDII. FEE			ADDII. FEE	
AMENDMENT B	No.	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=		OR	X80=	,-
* 1	HIRST PRESE	NTATION OF MU	JUIPLE DEI	PENDENT	CLAIM			+135=		OR	+270=	
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	*	(Column 1)		(Colur	nn 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=		X40=			X80=	
Ľ	FIRST PRESE	NTATION OF MI	JLTIPLE DEI	PENDENT	CLAIM		-	7,402		ΩR	700-	!
	f the annual contract				<b>""</b>			+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												